



Modified 02-03

PTO/SB/21 (01-03)  
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application / Conf. No.	10/693,467 / 2536
	Filing Date	October 24, 2003
	First Named Inventor	Kevin T. Look
	Examiner Name	Maria F. Guerrero
	Art Unit	2822
	Patent No.	
Mail Stop: <b>AMENDMENT</b>	Attorney Docket Number	X-719-1D-1D US
Express Mail Receipt No.		
Total Number of Pages in This Submission		

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet)	<input type="checkbox"/> After Allowance Communication to
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Declaration / Oath	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavit(s)/declaration(s)	<input type="checkbox"/> Petition -	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Change Status to LARGE ENTITY	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	Copy of one (1) reference - Japan
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental)	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A)	Remarks	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Customer Number	<b>24309</b> (Customer Number)	Reg. Number 40,941
Attn: <b>Lois D. Cartier</b>		
Signature		
Date	<b>December 16, 2004</b>	Charge any additional fees required/credit any overpayment to our Deposit Account Number: <b>24-0040</b>

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date <b>December 16, 2004</b>			
Typed or Printed Name	<b>Pat Slaback</b>		
Signature		Date	<b>December 16, 2004</b>

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.



# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 180.00

## Complete if Known

Application / Conf. No.	10/693,467 / 2536
Filing Date	October 24, 2003
First Named Inventor	Kevin T. Look
Examiner Name	Maria F. Guerrero
Art Unit	2822
Attorney Docket No.	X-719-1D-1D US

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees any additional fees required, and credit any over payments to:

☒ Deposit Account

Deposit  
Account  
Number

24-0040

Deposit  
Account  
Name

XILINX, INC.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity		Fee Description	Fee
Fee Code	Fee (\$)		
1001	770	Utility filing fee	
1002	330	Design filing fee	
1003	510	Plant filing fee	
1004	790	Reissue filing fee	
105	160	Provisional filing fee	

SUBTOTAL (1)

(\$)

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra	Fee from below	Fee Paid
Total Claims	-20** =		X	
Indep. Claims	- 3** =		X	
Multiple Dependent Claims			X	

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity		Fee Description	Fee
Fee Code	Fee (\$)		
1202	18	Claims in excess of 20	
1201	86	Independent claims in excess of 3	
1203	290	Multiple dependent claim, if not paid	
1204	86	**Reissue independent claims over original patent	
1205	18	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2)

(\$)

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	
1052	50	Surcharge - late provisional filing fee or cover sheet.	
1812	2,520	For filing a request for exparte reexamination	
1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	Extension for reply within first month	
1252	430	Extension for reply within second month	
1253	950	Extension for reply within third month	
1254	1,530	Extension for reply within fourth month	
1255	2,080	Extension for reply within fifth month	
1401	340	Notice of Appeal	
1402	340	Filing a brief in support of an appeal	
1403	300	Request for oral hearing	
1451	1,510	Petition to institute a public use proceeding	
1452	110	Petition to revive - unavoidable	
1453	1,370	Petition to revive - unintentional	
1501	1,370	Utility issue fee (or reissue)	
1460	130	Petitions to the Commissioner	
1807	50	Petitions related to provisional applications	
1806	180	Submission of Information Disclosure Stmt	\$180
8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	Request for Continued Examination (RCE)	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 180.00

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	Lois D. Cartier	Registration No. (Attorney/Agent)	40,941	Telephone	720-652-3733
Signature		Date	12-16-2004		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.